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CONFIRMATION NO. 3939

<b>SERIAL NUMBER</b> 08/813,829	<b>FILING OR 371(c) DATE</b> 03/06/1997 <b>RULE</b> 1.60	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> 16016.0005	
<b>APPLICANTS</b> BRIGID L. M. HOGAN, BRENTWOOD, TN;					
<b>** CONTINUING DATA *****</b> This application is a CON of 08/217,921 03/25/1994 PAT 5,690,926 which is a CIP of 07/958,562 10/08/1992 PAT 5,453,357					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 07/08/1997					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <u>                    </u> Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials <u>                    </u>		<b>STATE OR COUNTRY</b> TN	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 23859					
<b>TITLE</b> PLURIPOTENTIAL EMBRYONIC STEM CELLS AND METHODS OF MAKING SAME					
<b>FILING FEE RECEIVED</b> 425	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		